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TO: Sharon Payne, USPTO Examiner FAX #: 1-703-872-9318
FROM: Michael Shippey, registered patent agent PAGE 1 of 2 PAGE(S)
(Including This Cover Page)
DATE: Tuesday, August 26, 2003

RE: Proposed response to Office Action on Application No. 10/081,986

Dear Ms. Payne,

Please find attached a copy of a Power of Attorney designating me as agent for the Applicant on his patent application No. 10/081,986. I would like to discuss with you a few formal items on your official communication on this application. I will call you tomorrow. Thank you.

Regards, Michael Shippey

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PTO/SB/01 (02-01)

Approved for use through 10/31/2002. OMB 0561-0035

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Application Number	10/081,986
Filing Date	
First Named Inventor	PUTALLAZ, David
Title	Shoulder Mount for Flashlight
Group Art Unit	
Examiner Name	
Attorney Docket Number	104.01-PUSA

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).
SIGNATURE of Applicant or Assignee of Record

Name David PUTALLAZ

Signature 

Date

8/20/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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